

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 83813RLO**  
Customer No. 01333

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

**Express Mail Label No.**

**EV293538387US**

**MEASURING ABSOLUTE STATIC PRESSURE  
AT ONE OR MORE POSITIONS ALONG A  
MICROFLUIDIC DEVICE**

**Date:** 8-25-03



**First Named Inventor (or Application Identifier):**

Michael J. DeBar, et al

Enclosed are:

- |  |  |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Specification</p> <p>2. <input type="checkbox"/> <u>4</u> Sheet(s) of drawing(s)</p> <p>3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.</p> <p>4. Combined Declaration for Patent Application and Power of Attorney:</p> <p>4a. <input checked="" type="checkbox"/> New</p> <p>4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)</p> <p>5. <input type="checkbox"/> <u>Incorporation by Reference</u> (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input checked="" type="checkbox"/> Assignment of the invention to Eastman Kodak Company</p> <p>7. <input type="checkbox"/> Certified copy of a priority</p> <p>8. <input type="checkbox"/> Associate Power of Attorney</p> <p>9. <input type="checkbox"/> <u>Deletion of Inventor(s)</u>.<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> |
|--|--|

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
--CROSS REFERENCE TO RELATED APPLICATION  
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

**If a CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

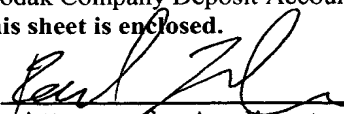
11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ,
12. ☒ Please address all written communications to Thomas H. Close, Patent Legal Staff,  
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
Please Direct all telephone calls to Raymond L. Owens at 585-477-4653.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 750
TOTAL CLAIMS	9 - 20 =	-11	x 18 =	\$ 0
INDEPENDENT CLAIMS	2 - 3 =	-1	x 84 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$ 0
			<b>TOTAL</b>	<b>\$ 750</b>

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 750**  
**A duplicate copy of this sheet is enclosed**
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.  
**A duplicate copy of this sheet is enclosed.**

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